

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 19-242657	FILING DATE			
							APPLICANT(S)				
4-12-05 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		1		1		1	53				
4		1		1		1	54				
5							55				
6		1		1		1	56				
7		2		1		1	57				
8		1		1		1	58				
9		1		1		1	59				
10		2		1		1	60				
11		1		1		1	61				
12							62				
13		1		1		1	63				
14		1		1		1	64				
15		1		1		1	65				
16	1		1		1		66				
17		1		1		1	67				
18		1		1		1	68				
19							69				
20							70				
21		1		1		1	71				
22		1		1		1	72				
23						1	73				
24							74				
25						1	75				
26							76				
27						1	77				
28							78				
29							79				
30							80				
31							81				
32							82				
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34							84				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2		4		TOTAL IND.				
TOTAL DEP.	23		20		17		TOTAL DEP.				
TOTAL CLAIMS	25		22		21		TOTAL CLAIMS				

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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